



Wisconsin CARES Project

Managing Placement on the Web
Redesign (MPOWER)

CWW Mock-Ups

June 18, 2015



Table of Contents

1. Case Summary Page	3
2. W-2 Request Page With Job Readiness Information (AIJR)	4
3. Representative Gatepost Page.....	5
4. W-2 Vendor Payment Page (WPVP).....	6
5. Representative/Vendor Payment Summary Page	7
6. Pregnancy Page With At Risk Pregnancy Information (WPHP).....	8
7. Asset Gatepost Page with Prepaid Debit Card field	9
8. Liquid Asset page With W-2 EFT Information (WPET).....	10
9. School Enrollment Page With Learnfare Monitoring Information (AILW).....	11
10. Additional Changes.....	12

1. Case Summary Page

Case Summary
 Mock-Up
Reset

Summary Information
 Primary Person: JAMIE MANGERT 30F PP

Contact Information
 County of Residence: 40 - MILWAUKEE COUNTY
 Household Address: 2665 S 8TH ST MILWAUKEE WI 532153411
 Phone: 414-242-4641
 Alternate Address:
 Phone:

Office / Worker Information
 Eligibility Office: UMOS W-2 PROGRAM (5613)
 County / Tribe: 40 - MILWAUKEE COUNTY
 IM Consortium: STATE CONSORTIUM
 Assigned Worker: AISHAH JOHNSON (XMW959)
 Caseload: 6938
 W-2 Geographical Area: 03 - MILWAUKEE SOUTHERN
 FEP: LISA M ORTIZ (XUM006)
 W-2 Placed Participant: JAMIE MANGERT 30F
 W-2 WP Office: UMO W-2 PROGRAM (1583)

Case Information
 Language: E - ENGLISH
 Last Review Date:
 Case Closed Date:
 Next Review Date: 08/31/2015
 Case Web Status: WEB

Associated RFA Information / ACCESS Application Information

Number	Agency	Contact Method	RFA Status	Contact Date	ACCESS App
2135213420	40	ACCESS AFB RFA	WITHDRAWN	01/11/2010	
8133785880	40	Walk-in	INDIVIDUALS PROCESSED	10/06/2009	
4116889741	40	Walk-in	INDIVIDUALS PROCESSED	07/15/2003	
7115996474	40	Walk-in	DENIED	03/05/2003	
0114542503	40	Walk-in	INDIVIDUALS PROCESSED	08/26/2002	

2. W-2 Request Page With Job Readiness Information (AIJR)

W-2 Request

Mock-Up

Cancel ☐ Reset

W-2 Program Request

Effective Period

Begin Month:

04 / 2015

Last Updated:

04/16/2015

Request Details

W-2 Request Date:

04 / 15 / 2015

Requesting this Program / Subprogram of Assistance?

Yes

Target Type:

Target Individual:

Enter New Begin Month

MM / YYYY

Go

Subsidized Housing Information

Last Updated:

04/15/2015

Effective Month:

04 / 2015

Low Income Subsidized Housing Status:

1 - PUBLIC HOUSING

Enter New Begin Month:

MM / YYYY

Go

W-2 Up-Front Work Program Referral

Individual:

JOHN R SMITH 34M PP - WP OFFICE 1581 - ENROLLED

Refer Selected Individual

Updated on or before

MM / DD / YYYY

Go

Add Case Comment

Cancel ☐ Previous Next

3. Representative Gatepost Page

Application Entry (0)
Case Information
Summary
Select Others
Household Members
Health Care Request
MPA Request
BadgerCare Request
FPW Request
CTS Request
FoodShare Request
Priority Service
FS Break in Service
CC Request
W-2 Request
Application / Review Interview Details
FoodShare Hardship Reasons
HH Relationships
Relevance Results

Representatives Gatepost Mock-Up

Effective Period

Last Updated: 05/08/2015

Representatives

Does your household have a legal guardian/power of attorney?

N - No

Does your household have an authorized representative?

N - No

Will your household have an alternate payee?

N - No

Will your household have a protective payee?

N - No

Will your household have an authorized buyer?

N - No

W-2 Vendor Payment

Will your household have a W-2 vendor payment?

Y - Yes

Based on client's response, populate blank fields as N

Add Case Comment

Cancel ☐
Previous Next

4. W-2 Vendor Payment Page (WPVP)

W-2 Vendor Payment

Mock-Up

Cancel ☐ Reset

Record Management

Delete Reason:
Last Updated: 05/01/2015

Vendor Information

*Vendor Number:

Vendor Name: ABC CORP

Vendor Type: CORPORATION

Vendor Address: 18178 MAIN STREET
MADISON, WI. 53703

TIN/SSN: *****1718

* Vendor Amount: \$

* Vendor Reason:

Participant's Account Number With Vendor:

Updated on or before

MM/DD/YYYY Go

Disabled after adding third active vendor

Vendor Find

Mock-Up

Vendor Query

☒ Vendor Name:
☒ Starts With
☐ Contains

☐ TIN:
☐ SSN: - -

Search Results

Vendor Number	Vendor Name	Vendor Type	Vendor Address
972	ABC CORP	CORPORATION	18178 MAIN STREET MADISON, WI. 53703

Close

Representative/Vendor Payment Summary

Mock-Up

Work Program Vendor Information					
Vendor Name	Vendor Number	Vendor Type	Vendor Amount	Deleate Reason	Last Updated
ABC CORPORATION	972	CORPORATION	\$150.00		05/01/2015
JMC PROPERTIES INC	1101	INDIVIDUAL/SOLE PROPRIETOR/ LLC SINGLE OWNER	\$250.00		05/01/2015

Begin Month

Updated on or before

MM / YYYY

MM / DD / YYYY

Go

Add Case Comment

Previous

Next

6. Pregnancy Page With At Risk Pregnancy Information (WPHP)

Pregnancy

Mock-Up

Cancel ☐
Reset

Total: 1

Effective Period

* Begin Month:

02 / 2015

End Month:

MM / YYYY

Last Updated:

02/20/2015

Delete Reason:

Additional Information

* Individual:

VERYSMART WATER 32F WIF

* Pregnancy Verification:

NQ - NOT QUESTIONABLE

* Pregnancy Verification Date:

02 / 20 / 2015

* Fetus Number:

* Fetus Number Verification:

NQ - NOT QUESTIONABLE

* Due Date:

08 / 25 / 2015

* Due Date Verification:

DS - DOCTOR'S STATEMENT

Third Trimester Begin Date:

05/25/2015

Pregnancy End Date:

MM / DD / YYYY

At Risk Pregnancy Information

Is this an at risk pregnancy and are you unable to work?

Date determined to be at risk and unable to work by doctor:

MM / DD / YYYY

Verification:

Is participant potentially eligible for At Risk Pregnancy Placement?

Yes

Enter New Begin Month:

MM / YYYY

Go

Individual

VERYSMART WATER

Updated on or before

MM / DD / YYYY

Go

Add Case Comment

Cancel ☐
Previous
Next

7. Asset Gatepost Page with Prepaid Debit Card field

Asset Gatepost Mock-Up Cancel Reset

Effective Period
Last Updated: 02/20/2015

Liquid Asset

Does anyone in your household have any of the following Liquid assets?

▪ Cash:	Y - Yes	▪ Tax Shelter Account:	N - No
▪ Savings Account:	Y - Yes	▪ Christmas Club:	N - No
▪ Savings Certificate:	N - No	▪ IRA Account:	N - No
▪ Checking Account:	Y - Yes	▪ Keogh Plan:	N - No
▪ Trust Funds:	N - No	▪ Credit Union:	N - No
▪ Stocks and Bonds:	N - No	▪ Tax Refund:	N - No
▪ EBD Medicaid Annuity:		▪ Escrow Account for Home Sale:	N - No
▪ US Savings Bond:	N - No	▪ Money Owed:	N - No
▪ Money Market:	N - No	▪ Child Support DEFRA Disregard:	
▪ Monthly Excess Over Grant:		▪ Excess Over Life of Grant:	
▪ Special Resource:		▪ Other:	N - No
▪ Prepaid Debit Card:	Y - Yes		

Vehicle Asset

▪ Does anyone in your household own or is anyone buying a Vehicle (car, truck, boat, snowmobile, other)? Y - Yes

Real Property Asset

▪ Does anyone in your household own or is anyone buying real property / life estate / mortgage / land contract? N - No

Personal Property Asset

▪ Does anyone in your household own or is anyone buying Personal property of exceptional value? N - No

Burial Asset

▪ Does anyone in your household own or is anyone buying a Burial asset? N - No

Lump Sum Received

▪ Has anyone in your household received a lump sum in the last three months?

Life Insurance Asset

▪ Does anyone in your household own or is anyone buying Life Insurance? N - No

Transfer/Divestment Asset

▪ Has anyone transferred or divested, sold or given away real property or any other assets?

- For Institutions/Waivers, this applies to within the last 3 years for Real Property and other assets and also applies for a transfer involving a trust within the last 5 years.
- For FoodShare, this only applies to transfers or divestments in the past 3 months and does not include real property, vehicles, or other assets that are excluded for FoodShare.
- For CTS, this only applies to transfers or divestments in the past 1 year.

☒ Based on client's response, populate blank fields as N

Add Case Comment Cancel Previous Next

Liquid Assets				Mock-Up													
Selected Assets To Be Entered																	
PD	CA	CH	SA														
Effective Period																	
Begin Month: 02 / 2015		End Month: MM / YYYY		Last Updated:													
Delete Reason: SMART M WATER 35M PP [v] [e]																	
Additional Information																	
Individual: [v]		Sequence: 0															
Type: PD - PREPAID DEBIT CARD [v] [e]		Verification: NQ - NOT QUESTIONABLE [v] [e]															
Jointly Owned? N - No [v] [e]		Available? Y - Yes [v] [e]															
Burial? [v] [e]		Verification: NQ - NOT QUESTIONABLE [v] [e]															
Asset Amount: \$ 500 . 00																	
Independence Account Information																	
Independence Account? [v]		Registration Date: MM / DD / YYYY [e]															
Pre-independence Account Balance Amount: \$ [] . []																	
Financial Institution Name And Address Information																	
Account Number: 1234567890																	
Name: []																	
Address: []																	
City: [] State: [v] [e]																	
ZIP: [] - []																	
W-2 EFT Information																	
Use for W-2 EFT? Y - Yes [v] [e]		Confirm Account Number: 1234567890															
Routing Number: 987654321																	
Confirm Routing Number: 987654321																	
Jointly Owned Assets																	
Individual [v]		Verification [v] [e]															
First Name	MI	Last Name	Suffix														
[]	[]	[]	[v]														
EBD-MA Related Applicant / Recipient [v] [e]																	
Delete	Delete Reason [v] [e]																
<input type="checkbox"/>																	
Reset Add																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>First Name</th> <th>MI</th> <th>Last Name</th> <th>Delete</th> <th>Verification</th> <th>EBD-MA</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						First Name	MI	Last Name	Delete	Verification	EBD-MA						
First Name	MI	Last Name	Delete	Verification	EBD-MA												
Automatically create asset page for joint owners in the household <input type="checkbox"/>																	
Enter New Begin Month: MM / YYYY Go [e] [v] [e]																	
Add Case Comment																	
Cancel Previous Next																	

9. School Enrollment Page With Learnfare Monitoring Information (AILW)

School Enrollment

Mock-Up

Cancel ☐ Reset

School Enrollment information required for following individuals

JUST WATER 13M SON

Effective Period

* Begin Month: /
 Last Updated:

Individual Information

* Individual:

* Highest Level of Education Completed:

* High School Graduation Status:

* Enrollment Status:

Type of Educational Institution:

* Student FoodShare Eligibility Reason:

* School District:

School Name:

Expected Date of High School Graduation: / /

* Meets Caring for Dependent Children Requirement:

Verification:

Verification:

Verification:

Verification:

W-2 Learnfare Monitoring

Effective Period

Delete Reason:

Last Updated: 01/01/2015

Learnfare Details

* Learnfare Status:

Penalty Code:

Issuance Month: 03/2015

Participation Period: 1/16/2015 - 2/15/2015

Current/Prior Semester:

Year:

Updated on or before / /

Cancel ☐

Additional Changes:

- EFT and Vendor notices will not be generated separately if they are starting vendor or EFT at the time a placement is made; instead the EFT and Vendor information will be included in the Placement Letter.
- A new notice will be created that will be sent to participants when a placement/episode ends will no new placement.
- At Risk Pregnancy placement denied notice will no longer be generated.
- Pre-paid Debit Card Accounts will now be used in W-2 and MA eligibility determinations.